

OFFICE OF THE FEDERAL DEFENDER
EASTERN DISTRICT OF CALIFORNIA
801 I STREET, 3rd FLOOR
SACRAMENTO, CALIFORNIA 95814
(916) 498-5700 Fax: (916) 498-5710

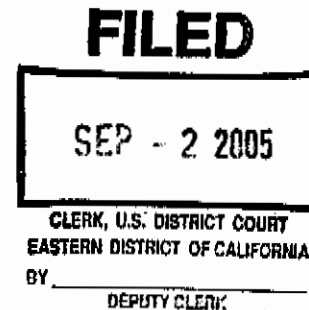
Quin Denvir
Federal Defender

Daniel J. Broderick
Chief Assistant Defender

September 2, 2005

Mr. Timothy Warriner
Attorney at Law
1725 Capitol Avenue
Sacramento, CA 95814

Re: **U.S. v. Maria Luz Hernandez**
Cr.S-03-081-EJG



Dear Mr. Warriner:

This will confirm your appointment as counsel by the Honorable Dale A. Drozd, U.S. Magistrate Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,

CYNTHIA L. COMPTON
CJA Panel Administrator

:clc
Enclosures

cc: Clerk's Office

1. CIR./DIST./DIV. CODE CAE		2. PERSON REPRESENTED Hernandez, Maria Luz		3. V. NUMBER 203-cr-00081-EJG																																																																																																																									
3. MAG. DKT./DEF. NUMBER 2:03-000020-016		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER																																																																																																																									
7. IN CASE/MATTER OF (Case Name) U.S. v. Gomez		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant																																																																																																																									
				10. REPRESENTATION TYPE (See Instructions) Probation Revocation																																																																																																																									
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE																																																																																																																													
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS WARRINER, TIMOTHY 1725 CAPITOL AVENUE SACRAMENTO CA 95814 Telephone Number: (916) 443-7141			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court: _____ Date of Order: 08/18/2005 Nunc Pro Tunc Date: _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment: <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																										
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">CATEGORIES (Attach itemization of services with dates)</th> <th style="width:10%;">HOURS CLAIMED</th> <th style="width:10%;">TOTAL AMOUNT CLAIMED</th> <th style="width:10%;">MATH/TECH ADJUSTED HOURS</th> <th style="width:10%;">MATH/TECH ADJUSTED AMOUNT</th> <th style="width:15%;">ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td>15. In Court</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>a. Arraignment and/or Plea</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Bail and Detention Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Motion Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Trial</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Sentencing Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Revocation Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. Appeals Court</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>h. Other (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(Rate per hour = \$ 90) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>16. Out of Court</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>a. Interviews and Conferences</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Obtaining and reviewing records</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Legal research and brief writing</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Travel time</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Investigative and Other work (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(Rate per hour = \$ 90) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>17. Travel Expenses (lodging, parking, meals, mileage, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18. Other Expenses (other than expert, transcripts, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	15. In Court						a. Arraignment and/or Plea						b. Bail and Detention Hearings						c. Motion Hearings						d. Trial						e. Sentencing Hearings						f. Revocation Hearings						g. Appeals Court						h. Other (Specify on additional sheets)						(Rate per hour = \$ 90) TOTALS:						16. Out of Court						a. Interviews and Conferences						b. Obtaining and reviewing records						c. Legal research and brief writing						d. Travel time						e. Investigative and Other work (Specify on additional sheets)						(Rate per hour = \$ 90) TOTALS:						17. Travel Expenses (lodging, parking, meals, mileage, etc.)						18. Other Expenses (other than expert, transcripts, etc.)					
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19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																																																																																																																								
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																																																													
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT																																																																																																																									
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE																																																																																																																									
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34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE																																																																																																																									

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CJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES
IN THE CASE OF☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

UNITED STATES VS.

Maria Hernandez

FOR

EASTERN DISTRICT OF CA.

AT

SACRAMENTO, CALIFORNIA

LOCATION NUMBER

CAESC

DOCKET NUMBERS

Magistrate

District Court

CR.S-03-081 EJB

Court of Appeals

PERSON REPRESENTED (Show your full name)

Maria Hernandez

CHARGE/OFFENSE (describe if applicable & check box →)

☒ Felony
☐ Misdemeanor

Probation Violation

- ☒ Defendant - Adult
☐ Defendant - Juvenile
☐ Appellant
☐ Probation Violator
☐ Parole Violator
☐ Habeas Petitioner
☐ 2255 Petitioner
☐ Material Witness
☐ Other (Specify)

ANSWERS TO QUESTIONS OF THE COURT AND DEFENDANT

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed	2/05 - \$204.00
		Name and address of employer: _____	
		IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment How much did you earn per month? \$ _____
		If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	
OTHER INCOME		IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
		Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CASH		IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____	RECEIVED SOURCES
		Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____	
PROPERTY		Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		IF YES, GIVE THE VALUE AND \$ 100.00 DESCRIBE IT Non-operational vehicle	VALUE DESCRIPTION

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents 2	List persons you actually support and your relationship to them Eduardo Taylor (5yrs. old) -- in juvenile hall
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: Prostitution Payment Family / boy friend help out my other bills	Creditors	Total Debt Monthly Payt. \$ 3100/mo \$ \$ \$

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 5/12/05

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Maria Hernandez